

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/528225</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
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9	1	1	1				59						
10	1		1				60						
11	1		1				61						
12	1		1				62						
13	1		1				63						
14	1		1				64						
15	1		1				65						
16		15					66						
17		13					67						
18	1						68						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		8				TOTAL IND.						
TOTAL DEP.	37		7				TOTAL DEP.						
TOTAL CLAIMS	46		15				TOTAL CLAIMS						

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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